

VEGAS VALLEY ADVENTIST ACADEMY
 6059 West Oakey Blvd.
 Las Vegas, NV 89146
 (702)871-7208



Field Trip Permission Form

Your child's class will be attending a field trip
 to: _____

<i>Date</i>	_____	<i>Time</i>	_____
<i>Location</i>	_____		
<i>Cost</i>	_____		
<i>Transportation</i>	Parent Drivers		
<i>Notes</i>	<p>Drivers are needed.</p> <p>I can drive yes no #of seatbelts</p> <p>Please provide copy of Driver's License and Insurance card</p>		

Please return this permission slip by: _____

I give permission for my child _____ in grade _____
 to attend the field trip _____
 to _____ on _____
 from _____ to _____

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____